

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <b>Pamela Moses</b>	COURT CASE NUMBER <b>12-2822 JPM</b>
DEFENDANT <b>YouTube, Inc.</b>	TYPE OF PROCESS <b>Summons/Complaint</b>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>YouTube Legal Corporate, Tennessee Secretary of State</b>
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>State Capital, Nashville, TN 37243-1102</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Pamela Moses  
P.O. Box 80564  
Memphis, TN 38108

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

\* See Attached Order, etc.

Signature of Attorney or other Originator requesting service on behalf of:

Thomas M. Gould, Clerk

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

901-495-1200

DATE

10/23/12

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <b>76</b>	District to Serve No. <b>76</b>	Signature of Authorized USMS Deputy or Clerk <b>Cg</b>	Date <b>11/2/12</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service  
**11/13/12** Time  
am  
pm

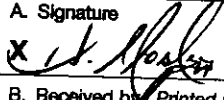

Signature of U.S. Marshal or Deputy

**Giffney T. Holt**

Service Fee <b>55.00</b>	Total Mileage Charges (including endeavors)	Forwarding Fee <b>8.00</b>	Total Charges <b>63.00</b>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

11/2/12 Certified Mail 70081830200228084241  
11/13/12 Return Receipt Card received

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>You Tube Legal Corporation  C/O Tennessee Secretary of State  State Capital  Nashville, TN 37243</p>		<p>B. Received by (Printed Name)  </p> <p>C. Date of Delivery  11-6-12</p>	
<p>2. Article Number  (Transfer from service label)</p> <p>12-2822</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

102595-02-M